1987 NORTHEAST CONFERENCE ON DEVELOPMENTAL BIOLOGY
MARINE BIOLOGICAL LABORATORY
WOODS HOLE, MASSACHUSETTS
SEPTEMBER 24-27, 1987

## INFORMATION

1. REGISTRATION FEE: $20.00 (Students: $10.00)

2. ROOM AND BOARD (includes meals from dinner Thursday, September 24 through lunch Sunday, September 27) at the SWOPE CENTER:

   $237 (double occupancy)
   $252 (single occupancy; limited space available)

   Reservations for rooms and meals will be made only for those from whom payment has been received by Wednesday, September 9.

3. Partial reimbursement of expenses for participating graduate students is being requested from the Society for Developmental Biology and the National Science Foundation.

## PRE-REGISTRATION FORM

NAME: _____

INSTITUTION AND ADDRESS: _____

_____

_____

I enclose $____ for registration fee, room and board.

Make checks payable to: Northeast Developmental Conference.

Please return this form by September 9, 1987 to:

Dr. Lorraine J. Gudas
830D Dana-Farber Cancer Institute
44 Binney St.
Boston, MA 02115

REGISTRATION FEE MUST ACCOMPANY SUBMISSION OF ABSTRACT

This form may be duplicated if additional copies are needed.

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# ABSTRACT FORM

Instructions

1. Sample of typing style:

> Microtubules and Movement in the Foraminifer, Allogromia. J.L. Travis, and R.D.Allen, Department of Biological Sciences, Dartmouth College, Hanover, NH.
>
> The reticulopodial networks (RPN) of the foraminifera provide excellent models for the study of the role of cytoplasmic microtubules (MT) in the structure and function of motile systems. Allogromia latticollaris, a benthic foram,
>
> etc. to end of form

2. Type only within the borders.
3. Use Self-Correcting II typewriters or a liquid correction fluid to correct errors. Do not erase. These forms will be copied directly.
4. Return this form to Dr. Lorraine J. Gudas, Dana-Farber Cancer Inst., 44 Binney St. Rm. 830D, Boston, MA 02115
5. DUE DATE: September 9, 1987. Registration fee must accompany abstract.

NAME AND ADDRESS OF AUTHOR WHO WILL PRESENT PAPER:

_____

Name and Institution Telephone Number

_____

Street Address City and State Zip Code

Type of presentation preferred: platform _____ poster _____

Graduate Students or postdoctoral fellows presenting a paper and desiring re-imbursement for room and board, please check here _____.

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